CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:	
3 CANDIDATE /	MS/MRS/MR FIRST	MI	OFFICE USE ONLY	
OFFICEHOLDER NAME	MR MICHAEC		Date Received	
(4) (II) L	NICKNAME LAST	SUFFIX		
	, , , ,		MAY 0 3 2013 / /	
			2:05pm 4	
4 CANDIDATE / OFFICEHOLDER	ADDRESS /PO BOX; APT/SUITE#; CIT	Y; STATE; ZIP CODE	a. 0-1 7y	
MAILING	314 DREXELDE		Date Hand-delivered or Postmarked	
ADDRESS	GRAPEVINE TA 760	K1		
change of address	<u> </u>		Receipt # Amount	
5 CANDIDATE/ OFFICEHOLDER	AREA CODE PHONE NUMBER	EXTENSION	Date Processed	
PHONE	(817) 442 0860		Land ryoppand	
6 CAMPAIGN	MS/MRS/MR FRST	MI	Date Imaged	
TREASURER NAME	mr THOMAS		ļ	
INCHIE	NICKNAME LAST	SUFFIX		
	Iom Kormoni	De		
7 CAMPAIGN TREASURER	STREET ADDRESS (NO POBOX PLEASE): APT/SUITE 1915 BIG BEND	#; CITY; STATE;	ZIP CODE	
ADDRESS	1713 0016 10000) H5		
(residence or business)	GRAPEVINE TX 76	12-1		
	(1) (1) (1) 16	2021	· · · <u></u>	
8 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION		
TREASURER PHONE	(817) 488-6413	}		
9 REPORT TYPE	January 15 30th day before election	n Runoff	15th day after campaign	
	desidary 10 Jour day peroce discrition	Kunon	treasurer appointment (officeholder only)	
	July 15 Sth day before election	Exceeded \$500	Final report (Attach C/OH - FR)	
		limit		
10 PERIOD	Month Day Year	Month Day	Year	
COVERED	4/2/13 THROUGH	•		
	1/6/13	$\mathcal{Q} \neq I \neq \emptyset$	15	
	ELECTIONITY			
11 ELECTION	Month Day Year Primary		—	
	5/11/13	Runoff	General Special	
12 OFFICE	OFFICE HELD (it any)	13 OFFICE SOUGHT (if known)		
			_	
	City Council Race 3	10 - 0	. ()	
	C114 COUNCIL KACE 3	CTY Cource	IL TLACE 3	
·				
GO TO PAGE 2				

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME MICHAEL LEASE 15 ACCOUNT # (Ethics Commission Filers)				
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.			
	COMMITTEE TYPE GENERAL SPECIFIC	COMMITTEE NAME TOO TEX ASSOCIATE REALTORS COMMITTEE ADDRESS 820/ N. STEMMONS FRW DALLAS, TX 75247 COMMITTEE CAMPAIGN TREASURER NAME		
additional pages				
	(S201 N. STEMMONS FRU DALLAS, TX 75247	υ4	
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ		
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$3470.00	
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$			
	4. TOTAL POLITICAL EXPENDITURES \$			
CONTRIBUTION BALANCE	5. TOTAL P	\$3470.°°		
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF Y OF THE REPORTING PERIOD	THE \$	
18 AFFIDAVIT I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code. ADDISON BERNARD SMITH is true and correct and includes all information required to be reported by me under Title 15, Election Code. Signature of Candidate or Officeholder				
AFFIX NOTARY STAMP / SEAL ABOVE				
Sworn to and subscribed before me, by the said Michael Lease, this the day, of May, 20 13. to certify which, witness my hand and seal of office.				
Signature of officer administering.oath Printed name of officer administering oath Title of officer administering oath				

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 20 2

14 C/OH NAME MICHAEL LEASE 15 ACCOUNT # (Ethics Commission Filers)					
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.				
9	COMMITTEE TYPE COMMITTEE NAME HAMMER AND NAILS CLUB				
	SPECIFIC	COMMITTEE ADDRESS 7001 BOLL CVARD 26, STE 323 FORT WORTH TX 76180			
additional pages		COMMITTEE CAMPAIGN THE	REASURER NAME , D DAVIS		
		2001 BOULE FORT WOR	REASURER ADDRESS VARD 26, STE 3 2TH, TX 76180	23	
17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED			The state of the s	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)				
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$				
	4. TOTAL POLITICAL EXPENDITURES \$				
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD				
18 AFFIDAVIT					
			·	perjury, that the accompanying report information required to be reported by	
			Signature of Can	didate or Officeholder	
AFFIX NOTARY STAMP / SEAL ABOVE					
Sworn to and subscribed before me, by the said, this the					
day of, 20, to certify which, witness my hand and seal of office.					
Signature of officer admir	nistering oath	Printed name of	officer administering oath	Title of officer administering oath	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

		- 10		
The Instruction Guide explains how to complete this form.			1 Total pages Schedule A:	
2 FILER NAME	HARL LENSE		3 ACCOUNT# (E	thics Commission Filers)
4 Date $4/3/3$	5 Full name of contributor out-of-state PAC(IDH:_CHUCK BULTMANA 6 Contributor address; City; State; Zip Code 4900 W/LD wooD CT		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9 Principal occu	COLKEY VILLE TX 7603 pation / Job title (See Instructions)	10 Employer (See	 	of Texas, complete Schedule T)
DUSINE	ss Dunec			
Date 4/11/13	Full name of contributor out-of-state PAC (ID#_ DATE STIN PARKER Contributor address; City, State; Zip Code 1241 VALLEY VISTA DE CRAPEVINE DE 760		Amount of contribution (\$)	In-kind contribution description (if applicable)
-Principal occur	pation / Job title (See Instructions)) J Employer (See i		of Texas, complete Schedule T)
BUSINES	s Ounte			
Date 4/19/13	Full name of contributor out-of-state PAC(ID#_PH) L RRRCR Contributor address; City; State; Zip Code 326 FBBLEBROOK DR		Amount of contribution (\$)	In-kind contribution description (if applicable)
	TRAPEVINE JY 7605/		(if travel outside /	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	 	in lexas, complete Scredule 1)
Date 4/24//3	Full name of contributor out-of-state PAC (ID#_BOBBBURRUS) Contributor address; City; State: Zip Code 3735 IRAE WOODS II GRAPEVINED X 76051		Amount of contribution (\$)	In-kind contribution description (if applicable)
Bringing coour	eation / Job title (See Instructions)	Completes (See)		of Texas, complete Schedule T)
Kerre	D and (See Histraciona)	Employer (See I	risu ucions)	
5/1/13	Full name of contributor out-of-state PAC (IDE) JOHN & Sharry Fich LE & Contributor address: City; State; Zip Code 805 SHAPOW GLEN DE	2	Arnount of contribution (\$)	In-kind contribution description (if applicable)
4	SOUTHLAKE, TX 76092	٠.	(If travel outside o	f Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See I		I IVADO, MATINICIO SCIRCURO I)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

	CAL CONTRIBUTIONS THAN PLEDGES OR LOAN	NS		SCHEDULE A
The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME	HAEL LEASE		3 ACCOUNT# (E	thics Commission Filers)
4 Date 5/1/13	5 Full name of contributor out-or-state PAC(IDN) JERRY ABARA S 6 Contributor address; City; State; Zip Code 3301 WESTOVER CT)44e	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	GRAPEVINE TX 2605/		(If travel outside	of Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date 4/20/3	Full name of contributor out-of-state PAC (IDN) METROLEY ASSOCIATION Contributor address; City; State; Zip Gode 820/ N, STEMMONS R	of REPLICES	Amount of contribution (\$)	In-kind contribution description (if applicable)
	1820/ N, STE mmons / RI DALLAS TX 75247	vy	1,000.	
Principal occur	<u> </u>	Employer (See i		of Texas, complete Schedule T)
JAC REPOR	pation / Job title (See Instructions)	2		
Date 4/16/13	Full name of contributor out-of-state PAC(ID#) HAMMER & NAILS CLUR Contributor address; City; State; Zip Code 7001 BOULEVARD 26, STA) = 323	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal contr	FORTWORTH TX 76 180 pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
PACREP	ORTED ON FORM COHA	4 2 C	nau dania)	
Date	Full name of contributor out-of-state PAC (ID# Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occup	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#: Contributor address; City; State; Zip Code	 	Amount of contribution (\$)	In-kind contribution description (if applicable)
Bringing occur	pation / Job title (See Instructions)	Employer (See)		of Texas, complete Schedule T)
, Intolper occup	The same from the standard of the same same same same same same same sam	Employer (See I.	iled nondilis)	
If c	ATTACH ADDITIONAL COPIES OF contributor is out-of-state PAC, please see instru			requirements.